

Medicaid Therapy Services for Children



- English** – For help to translate or understand this, please call (800) 362-3002 (TTY).
- Spanish** – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono (800) 362-3002 (TTY).
- Russian** – Если вам не всё понятно в этом документе, позвоните по телефону (800) 362-3002 (TTY).
- Hmong** – Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau (800) 362-3002 (TTY).

Medicaid Therapy Services for Children

Information in this brochure is for children in the BadgerCare and Wisconsin Medicaid programs. The term “Wisconsin Medicaid” will be used to represent both programs.

Contact your county or tribal human or social services department or your local W-2 agency for more information on applying for Wisconsin Medicaid, BadgerCare, or Healthy Start.



This brochure is for recipients and their families considering occupational therapy, physical therapy, and/or speech-language therapy services provided in the community with coverage by Wisconsin Medicaid. Wisconsin Medicaid covers medically necessary services and the services must meet state and federal guidelines.



This brochure does not address therapy services provided by schools or Medicaid HMOs.



What is Medicaid?

Medicaid is a joint federal/state program formed in 1965 under Title XIX of the Social Security Act. Wisconsin

Medicaid pays for medical services for people with disabilities, people 65 years and older, children and their caretakers, and pregnant women who meet the program's financial requirements and are enrolled in the program.

Wisconsin Medicaid is also known as the Medical Assistance Program, MA, Title XIX, or T19.

What is BadgerCare?

BadgerCare extends Medicaid coverage through a Medicaid expansion under Titles XIX and XXI to uninsured children and parents with incomes at or below 185% (as of January 2001) of the federal poverty level and who meet other program requirements. The goal of BadgerCare is to fill the gap between Wisconsin Medicaid and private insurance without "crowding out" private insurance.

What are the Katie Beckett program, Healthy Start, and SSI?

Katie Beckett, Healthy Start, and SSI are special eligibility programs that allow certain individuals to obtain Wisconsin Medicaid eligibility.

Who can provide therapy services to my child?

Your child can get therapy services from any licensed therapist. If you want Wisconsin Medicaid to pay for therapy services, the therapist must be Medicaid certified. You should ask your therapist if he or she is Medicaid certified before you receive services. Medicaid-certified therapists can practice:

- ◆ Individually.
- ◆ In therapy clinics and rehabilitation agencies.

- ◆ In hospitals and nursing homes.
- ◆ In home health agencies.



How do I get therapy services for my child?

Whom do I contact?

If your child needs therapy services, contact your doctor. Your doctor needs to write a prescription for therapy services. Your doctor is able to refer you to a *Medicaid-certified* occupational therapist, physical therapist, or speech-language therapist.

The therapist will then assess your child to see if therapy may help him or her.

When do you need a prior authorization request for therapy services?

If the therapist thinks your child needs therapy, the therapist will send a prior authorization request to Wisconsin Medicaid.

What does the prior authorization request include?

The prior authorization request includes:

- ◆ The doctor's prescription for therapy services.
- ◆ The therapy evaluation of your child by the therapist.
- ◆ The therapy plan of care.
- ◆ The child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP), if applicable.

Plan of Care

A therapy plan of care includes goals of the therapy treatment, how the treatment will be delivered, how long the therapy will last, and how often treatments will be provided. The plan of care must be reviewed and signed by the doctor prescribing therapy. You and your family are encouraged to participate in the development of the plan of care.

For children under the age of three who are in the Birth to 3 program, the plan of care includes an IFSP developed through the Birth to 3 program. For children over the age of three, the plan of care will include the school IEP and team reports, if available. For more information on IFSP, contact your county Birth to 3 program or call (800) 642-STEP (7837). For more information on a school IEP, contact your local school district.

Prior Authorization Process

After all of the prior authorization materials are ready, the therapist will send them to Wisconsin Medicaid. You have the right, and are encouraged, to review the prior authorization request before it is sent to Wisconsin Medicaid. The prior authorization request is being submitted on your child's behalf.

A Medicaid therapy consultant reviews each request to make sure it meets Wisconsin Medicaid requirements. In some cases, the prior authorization request is returned to your requesting therapist for more information. When a prior authorization decision is delayed because more information is needed, the therapist is expected to notify you of the reason for the delay.

When all of the needed information is sent in, the Medicaid therapy consultant approves, modifies, or denies the request. The approval includes the number of therapy sessions and the start and end dates of the approval. Before the end date of the current prior authorization, your therapist should submit a new prior authorization request if services need to be continued.

If the prior authorization request is modified or denied, you will receive a letter telling you the reasons for the decision and your right to appeal that decision. You are encouraged to always review the prior authorization decision with the requesting therapist.

Remember, you have the right to:

- ◆ Review the prior authorization request before it is sent to Wisconsin Medicaid.
- ◆ Review the prior authorization decision.
- ◆ Know the start and end dates of the prior authorization.



Frequently Asked Questions

What is looked at for approval of a prior authorization request?

Prior authorization requests are reviewed on an individual basis. If the prior authorization requests' services do not meet the Medicaid requirements, they are denied. Some of the factors taken into consideration are:

- ◆ The medical necessity of the service.
- ◆ The appropriateness of the service.
- ◆ The cost of the service.
- ◆ The frequency of the service.
- ◆ The quality and timeliness of the service.
- ◆ The extent to which less expensive alternative services are available.
- ◆ The utilization practices of the providers and recipients.
- ◆ The limitations imposed by federal and state statutes, rules, regulations, or interpretation, including Medicare or private-insurance guidelines.

Some of the reasons that a prior authorization request for therapy might not be approved are:

- ◆ The skills of a therapist are not needed to perform the activity with the child.
- ◆ Another provider or caregiver is working on the same activity.
- ◆ No functional progress is documented as a result of therapy.
- ◆ The services are experimental.
- ◆ The needs of the child can be met without therapy.

What can I do if Wisconsin Medicaid modifies or denies a prior authorization request?

If the prior authorization request is denied or modified, you will receive a letter. You may wish to discuss the decision with your therapy provider to understand the reasons for Wisconsin Medicaid's decision. You may also want to make sure that the agency or the individual provider sent in all the necessary information. If more information is needed, your provider may contact Wisconsin Medicaid to determine if additional information should be submitted.

The letter will also give you information about how to appeal the decision and request a fair hearing before an administrative hearing officer.

If a prior authorization request was denied or modified, will future prior authorization requests also be denied or modified?

Not necessarily. If your child's condition or situation changes, a new prior authorization request for therapy services with current information may be submitted.

If my child receives therapy or special education services through his or her school, may my child receive additional therapy services outside of the school through Wisconsin Medicaid?

Each case is reviewed on an individual basis. Wisconsin Medicaid approves requests that meet Medicaid regulations and guidelines. Wisconsin Medicaid does not base approval or denial of prior authorization requests on whether the school seeks payment through the Medicaid school-based services (SBS) benefit. Medicaid consultants do not review SBS billing information.

When making a decision on a prior authorization request, Wisconsin Medicaid considers the medical necessity of services and other criteria including (but not limited to) whether the service is appropriate, cost effective, and not duplicative of other services. As part of the prior authorization process, therapists submit each child's IEP with their prior authorization request. Medicaid therapy consultants review the prior authorization request and IEP in addition to all other required materials and records to determine if a child is receiving other services that meet the child's needs.

What if I have other health insurance?

You will be expected to see therapists and other health care providers who accept your other health insurance as well as Wisconsin Medicaid. This is because your other health insurance will be billed first, before Wisconsin Medicaid.

What if I or my children are enrolled in a Medicaid HMO?

You should contact your Medicaid HMO for more information on how to receive therapy services from your HMO's providers.



If you have more questions about
Medicaid occupational therapy,
physical therapy, or speech therapy,
please call Recipient Services at
(800) 362-3002.